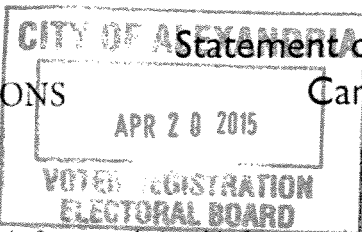
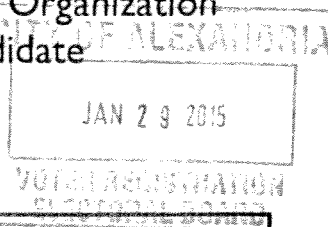




★ VIRGINIA ★
DEPARTMENT of ELECTIONS



Statement of Organization
Candidate



*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>Issued Committee ID</td></tr><tr><td>1/26/15</td><td>CC-12-00313</td></tr></table>	Date Changes Took Effect	Issued Committee ID	1/26/15	CC-12-00313
Date Changes Took Effect	Issued Committee ID				
1/26/15	CC-12-00313				
Committee Information					
Committee Information	"FRIENDS OF BILL EUVILLE"				
	Name of Candidate Campaign Committee				
	P.O. Box 25048				
	Street Address/PO Box				
	ALEXANDRIA VA 22313				
City	State	Zip Code			
Email Address	billegemglo.com (703) 307-0851				
Campaign Website	EUVILLERONMAYOR.COM				
Candidate Information					
Candidate Information	EUVILLE WILLIAM JARNAL				
	Salutation	Last Name	First Name	Middle Name	Suffix
	620 N. Fayette St. #101				
	Residence Address		Apt #		
	ALEXANDRIA VA		22314		
	City	State	Zip Code		
	County or City of Residence	Voter Identification #			
Email Address	Daytime Phone #				
billegemglo.com (703) 307-0851					
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	MAYOR				
	Office Sought	District (if one)			
	DEMOCRAT	2015	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special
Political Party	Year of Election	Type of Election			



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Statement of Organization
Candidate

Treasurer Information				
Treasurer Information	BRUSICK		JAMIE	ANTHONY
	Salutation	Last Name	First Name	Middle Name
	6203 MOUNTAIN SPRING COURT			
	Residence Address		Apt #	
	CLIFTON		VA.	
	City	State		Zip Code
FAIRFAX		917188300		
County or City of Residence		Voter Identification #		
JBRUSICK@VERIZON.NET		703-554-4470		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
UNITED BANK				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
ALEX, VA.				
City	State	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:	2005		
	Date first expenditure made:	2005		
	Date campaign depository designated:	2005		
	Date filing fee paid for party nomination:	2005		
	Date Statement of Qualification filed:	2005		
Date treasurer appointed:	2005			

(continued on next page)



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using ELECT's Electronic Filing Application.</p> <p><input checked="" type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor:) <u>NGP-VAN</u></p> <p><input type="checkbox"/> File paper reports.</p> <p><u>[Signature]</u> <u>1/20/15</u> Signature Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u>[Signature]</u> <u>1/20/15</u> Candidate's Signature Date</p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u>[Signature]</u> <u>JAN. 26, 2015</u> Treasurer's Signature Date</p>